

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATCandidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial ElectionName of Candidate Blaine H. "Bo" Eaton, IIAddress 503 Gambrell Street, Taylorsville, MS 39168Telephone (601)785-4662 Fax (601)785-6539

Contact Name _____ Email _____

Office Sought MS House District 79 Political Party Democratic☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandator

____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidate

X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committee

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2750.00 + \$ 0	\$ 2750.00	\$ 2750.00
Total amount of disbursements	\$ 831.96 + \$ 1210.32	\$ 2042.28	\$ 2042.28
Total amount of cash on hand		\$ 1074.22	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 2Name of Candidate or Committee Blaine H. "Bo" Eaton, IIReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
AT&T MS PAC	8 / 6 / 10	\$ 500.00
Mailing Address		\$
175 E Capitol Street, Suite 702		\$
City, State, Zip Code		\$
Jackson, MS 39201		\$
Name of Employer (Required)		\$
AT&T		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
communications		

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Action Committee for Rural Electrification	10 / 29 / 10	\$ 200.00
Mailing Address		\$
P O Box 3300		\$
City, State, Zip Code		\$
Ridgeland MS 39158-3300		\$
Name of Employer (Required)		\$
Electric Power Associations of MS		\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
electric power		

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Association of Homecare	11 / 22 / 10	\$ 300.00
Mailing Address		\$
134 Fairmont St Ste B		\$
City, State, Zip Code		\$
Clinton MS 39056		\$
Name of Employer (Required)		\$
MS Association of Homecare		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
home care		

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
PDL Support.com LLC	9 / 28 / 10	\$ 250.00
Mailing Address		\$
4551 W 107th Ste 250		\$
City, State, Zip Code		\$
Overland Park, KS 66207		\$
Name of Employer (Required)		\$
PDL Support.com		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
check cashing		

Name of Candidate or Committee Blaine H. "BO" Eaton, IIPage 2 of 2Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Billy McCoy Campaign Fund</u>	<u>8 / 13 / 10</u>	<u>\$ 1000.00</u>
Mailing Address <u>259 CR 1021</u>	<u> / / </u>	<u>\$</u>
City, State, Zip Code <u>Rienzi, MS 38865-9360</u>	<u> / / </u>	<u>\$</u>
Name of Employer (Required) <u>State of MS</u>	<u> / / </u>	<u>\$</u>
Occupation (Required) <u>Speaker of the House of Representatives</u>	Aggregate year-to-date	<u>\$ 1000.00</u>

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Mississippi Dental PAC</u>	<u>8 / 17 / 10</u>	<u>\$ 500.00</u>
Mailing Address <u>2630 Ridgewood Road Ste C</u>	<u> / / </u>	<u>\$</u>
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u> / / </u>	<u>\$</u>
Name of Employer (Required) <u>MS Dental PAC</u>	<u> / / </u>	<u>\$</u>
Occupation (Required) <u>dental</u>	Aggregate year-to-date	<u>\$ 500.00</u>

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address	<u> / / </u>	<u>\$</u>
City, State, Zip Code	<u> / / </u>	<u>\$</u>
Name of Employer (Required)	<u> / / </u>	<u>\$</u>
Occupation (Required)	<u> / / </u>	<u>\$</u>
	Aggregate year-to-date	<u>\$</u>

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address	<u> / / </u>	<u>\$</u>
City, State, Zip Code	<u> / / </u>	<u>\$</u>
Name of Employer (Required)	<u> / / </u>	<u>\$</u>
Occupation (Required)	<u> / / </u>	<u>\$</u>
	Aggregate year-to-date	<u>\$</u>

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ITEMIZED DISBURSEMENTS

A. Full name <u>National Wild Turkey Federation</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5 / 13 / 10</u>	\$ 300.00
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>donation</u>		Aggregate Year-to-date	\$ 300.00
B. Full name <u>Hopewell Elementary</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12 / 2 / 10</u>	\$ 200.00
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>donation</u>		Aggregate Year-to-date	\$ 200.00
C. Full name <u>Magnolia State Bank - Bo Eaton</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11 / 29 / 10</u>	\$ 331.96
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>reimbursement for southern legal conference</u>		Aggregate Year-to-date	\$ 331.96
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$